**FREE REGISTRATION**

**INSCRIPTION GRATUITE**

***Please send this form to the Organizing Secretariat by email:***[***einat@cme-congresses.com***](mailto:einat@cme-congresses.com)*A confirmation email will be sent back*

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| --- | --- | --- | --- |
| **Registration Number (for office use only):** | | | |
| **Title (Mr./ Ms./ Dr./ Prof./ other):** | | | |
| **First Name:** | | | |
| **Family Name:** | | | |
| **RPPS or “conseil de l’ordre” number (only for doctors):** | | | |
| **Institution:** | | | |
| **Department:** | | | |
| **Country:** | | | |
| **Address:** | | | |
| **Zip code:** | | **City:** | |
| **Tel:** | **Fax:** | | **Mobile:** |
| **Email (block letters please):** | | | |

***N.B. ALL DATA is MANDATORY.***

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration, meals and coffee breaks are provided free of charge